**If you are unsure if Archway has an appropriate service for you or need support in reading or completing this form and the accompanying guidance, please do not hesitate to contact us on 01865 790552 and you’ll be put through to the right person.**

Thank you for considering Archway. Before completing this form, we would encourage you to read the referral guidelines document and think about the following to see if our services are right for you:

We work with people who are lonely and isolated and would like to build their confidence, improve their self-esteem and work towards feeling more connected to their community.

People using our Individual Support Service are matched with a volunteer, who will provide regular social contact EITHER by telephone OR face-to-face. The volunteer is a supportive person who will listen to you without judgement or offering advice. They will also encourage you, when you are ready, to try accessing other support provided by Archway and/or in the community.

People attending our small Supportive Social Groups will find a welcoming, safe space where they can make a genuine human connection and where people are listened to and are treated with dignity, and experience non-judgemental acceptance. The groups allow people to meet and connect with others, and follow a similar format each week, with activities to facilitate conversation. Groups are led by one or two members of staff and several volunteers.

The role of an Archway volunteer is very different to that of a support worker or personal assistant. For example, a volunteer would not assist with day-to-day living tasks such as shopping or attend medical appointments. A volunteer’s role is to encourage, support and listen and to build a relationship based on mutual respect and values while doing social activities.

The relationships people build at Archway focus on peoples’ qualities, attributes and strengths, which we believe everyone has, rather than on mental or physical health difficulties.

Our service provides a “pathway of support”. This means that we hope that people will be able to move along it – bearing in mind that sometimes it takes time to move forwards and it’s OK to rest or move back for a while. Hopefully, with support and given time, people feel something ‘shift’ for them – whether that be feeling more confident going into new social situations, feeling more active and perhaps having more structure to the week, or linking into an activity they start to enjoy.

Any personal information that you provide will be stored and processed according to Archway’s privacy and data protection policies. There is a statement for you to read and sign at the end of this form, to give your consent for us to process your data.

Please fill out this form with as much information as possible. Your information helps us find the service that may suit you best and is also part of our assessment process. We aim to contact you and any of the people you indicate are supporting you within 2 – 3 weeks of us receiving this form and will go through a risk and needs assessment with you before arranging an in-person meeting.

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**Which service would you like us to provide**? (Please tick more than one if you are unsure. We will be discussing this further with you):

Individual Support Service (Telephone)  Individual Support Service (face-to-face)

Supportive Social Group  Invitation to Larger Events

|  |
| --- |
| **PERSONAL DETAILS**  First Name: Surname:  Title: Mrs  Miss  Ms  Mr  Other  If ‘Other’ please state  Address:  Post Code:  Telephone: (landline): Telephone (mobile):  Email address:  Date of Birth: Gender Identity: Male  Female  Non-binary  Other  If ‘Other’ please specify: |
| **YOUR CURRENT SITUATION: Tell us a little bit about why you are looking for a service from Archway at this time.** |
| **LONELINESS: The Archway Foundation’s remit is to work with those who are distressed by loneliness and to offer supportive and social contact.**  Would you define yourself as lonely or socially isolated? Yes  No  Please respond to the following three statements:  **I am content with my friendships and relationships.**  Strongly disagree  Disagree  Neutral  Agree  Strongly agree  Don’t know  **I have enough people around me that I feel I can ask for help at any time.**  Strongly disagree  Disagree  Neutral  Agree  Strongly agree  Don’t know  **My relationships are as satisfying as I would want them to be.**  Strongly disagree  Disagree  Neutral  Agree  Strongly agree  Don’t know  **What are your main reasons for referring yourself to Archway?**  **What are you looking for from Archway’s services?**  **If you require Individual Support (face-to-face) please answer the following question:**  Do you feel that you need to be visited in your home?YesNo  If you answered ‘yes’, please tell us a little more about that. We do operate waiting lists for our face-to-face services, and home visiting can take some time to arrange.    **Please tell us about your physical health:**  **Please tell us about your mental or emotional health:**  **Please tell us about your general well-being and how you are managing:**  **Please let us know what support you have from medical professionals (e.g. GP, support worker, OT, psychologist, attend classes or therapy, counselling, etc.). Also, how do you feel about this support? Please give as much detail as you can, including their names and contact details. We need to speak to the people you put here, with your consent. It is really important to us that we are part of a whole network of support for you.**  **Please let us know what support you have from family and friends (e.g. meet sister once a month, live with parents, lunch with friend weekly). Also, how do you feel about this support? Please give as much detail as you can.** |

**Monitoring Information** This section is optional. Any information given will be used only for general data reportingand/or to monitor equal opportunities and diversity policies.

**Ethnic group**

White – British  White Irish  Roma, Gypsy or Traveller

White – Other White background

Black or Black British – African  Black or Black British – Caribbean

Black or Black British – Other Black background

Asian or Asian British – Bangladeshi  Asian or Asian British - Chinese  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Other Asian background

Mixed – White and Asian  Mixed – White and Black African  Mixed – White and Black Caribbean  Mixed – Any other mixed background

Arab  Latin American

Any other ethnic group  If other, please specify: Click or tap here to enter text.

Prefer not to say  Not Known/Not Stated

**Disability**

Are you registered as disabled? Yes  No  Prefer not to say

Do you consider yourself as disabled? Yes  No  Prefer not to say

**Sexual orientation**

Heterosexual/straight  Lesbian/Gay woman  Gay man  Bi-sexual

Other  If other, please specify: Click or tap here to enter text.

Prefer not to say  Not Known/Not Stated

**Gender identity**

Is your gender identity the same as your sex assigned at birth (on page 1 of this form)?

Yes  No  Prefer not to say

**GDPR Consent**

To match your needs with the appropriate service, it is important that we seek and secure your consent to process and store your information on our secure database. Please ensure that the section below is completed.

I consent to the information contained in this form being processed and stored by The Archway Foundation.

Yes  No

Name:

Signature: Date:

**Thank you for completing this form. We aim to contact you within 2 – 3 weeks of receiving it.**

The Archway Foundation is a registered charity.

Charity Registration Number: 299533

A Company Limited by Guarantee: 2262206

Office number 01865 790552

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Website: [www.archwayfoundation.org.uk](http://www.archwayfoundation.org.uk)

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